

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | | SERIAL NO. | FILING DATE |
|---|----------|-----|------------------------|-----|------------------------|-----|--------------|-------------|
| | | | | | | | APPLICANT(S) | |
| CLAIMS | | | | | | | | |
| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | | | |
| | IND | DEP | IND | DEP | IND | DEP | IND | DEP |
| 1 | | | | | | | 51 | |
| 2 | | | | | | | 52 | |
| 3 | | | | | | | 53 | |
| 4 | | | | | | | 54 | |
| 5 | | | | | | | 55 | |
| 6 | | | | | | | 56 | |
| 7 | | | | | | | 57 | |
| 8 | | | | | | | 58 | |
| 9 | | | | | | | 59 | |
| 10 | | | | | | | 60 | |
| 11 | | | | | | | 61 | |
| 12 | | | | | | | 62 | |
| 13 | | | | | | | 63 | |
| 14 | | | | | | | 64 | |
| 15 | | | | | | | 65 | |
| 16 | | | | | | | 66 | |
| 17 | | | | | | | 67 | |
| 18 | | | | | | | 68 | |
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| 34 | | | | | | | 84 | |
| 35 | | | | | | | 85 | |
| 36 | | | | | | | 86 | |
| 37 | | | | | | | 87 | |
| 38 | | | | | | | 88 | |
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| 40 | | | | | | | 90 | |
| 41 | | | | | | | 91 | |
| 42 | | | | | | | 92 | |
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| 47 | | | | | | | 97 | |
| 48 | | | | | | | 98 | |
| 49 | | | | | | | 99 | |
| 50 | | | | | | | 100 | |
| TOTAL IND. | 9 | | | | | | TOTAL IND. | |
| TOTAL DEP. | 4 | | | | | | TOTAL DEP. | |
| TOTAL CLAIMS | 13 | | | | | | TOTAL CLAIMS | |